

## **Personal Assistant Job Overview**

### **Applicant Copy**

#### **Requirements**

- **Dependable, reliable, and responsible**
- **Valid driver's license and/or state ID**
- **Social Security card**
- **Work history**
- **Mandatory attendance of an onsite interview**
- **Mandatory attendance at an unpaid 4½-hour orientation**
- **Telephone with professional voicemail**
- **Reliable transportation**
- **Legible application**

#### **Duties**

- **Bathing/grooming/personal hygiene**
- **Range of motion exercises**
- **Bowel and bladder care**
- **Transferring**
- **Cooking/cleaning**
- **Shopping, running errands, organizing and paying bills**
- **Laundry**
- **Other duties as assigned**

***Failure to meet these requirements will result in removal from the referral list. Submission of this data form does not guarantee the applicant being placed on the Personal Assistant Referral List.***

## **Statement of Certification & Authorization Applicant Copy**

**Upon my acceptance into Advocates for Access's Personal Assistant Referral Program, I understand:**

- ▶ **That Advocates for Access DOES NOT hire and is NOT my employer and DOES NOT act as a reference for me.**
  
- ▶ **That I will not be placed on the referral list until I have successfully completed the data form (including copies of my driver's license and/or state ID and Social Security card) screening, and interview process, and have completed orientation.**
  
- ▶ **I will be removed from the referral list if:**
  - ✓ **Any information that I have given in this data form is false or misleading,**
  
  - ✓ **I have failed to give any information requested regardless of the time elapsed after discovery,**
  
  - ✓ **I fail to keep my contact information up to date with Advocates for Access staff,**
  
  - ✓ **I fail to act in a respectful, responsible, dependable and courteous manner to center or DHS staff, and/or my employer.**
  
- ▶ **If I am removed from the program, my file will be kept for a period of one (1) year, before being discarded. If I want to return to the Referral Program, I must again go through the normal screening process. This is no guarantee of being accepted.**

**Furthermore, I understand that any of the information on this form, or other forms I am asked to fill out, may be shared with Advocates for Access's Consumers when they request Personal Assistant referral lists.**

**I authorize Advocates for Access to release my name and Social Security number to the Department of Human Services for quarterly reporting purposes.**

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***"Empowering People With Disabilities To Live Independently In Our Community"***